FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

Check this box if no longer subject
o Section 16. Form 4 or Form 5
bligations may continue. See
notruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     CALLAGHAN JON					2. Issuer Name and Ticker or Trading Symbol PELOTON INTERACTIVE, INC. [ PTON ]											ck all app	licable tor			son(s) to Issuer  10% Owner  Other (specify		
(Last) 575 HIG	(Fir H STREET	st) (M	Middl	e)	3. Date of Earliest Transaction (Month/Day/Year) 06/02/2020										below) below)							
(Street) PALO ALTO CA 94301						4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(Sta	ate) (Z	Zip)													Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Ye	2A. Deem Execution if any (Month/D		n Date,	Date, Tr		3. Transaction Code (Instr. 8)		Securities as posed Of (			5. Amount of Securities Beneficially Owned Following Reported			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								С	ode	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(IIISU. 4)		(111301.44)		
Class A Common Stock				06/02/2020	.0			J	J <sup>(1)</sup>		2	2,670	D	\$0.00		0		I		By True Venture Management, L.L.C. <sup>(2)</sup>		
Class A Common Stock				06/02/2020	0			J(			1	1,335	A	\$0.00		249,877		I	I Se fo		ote <sup>(3)</sup>	
		Tal	ble	II - Derivati (e.g., pu												Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, ny nnth/Day/Year)	4. Transa Code 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	ative rities ired osed	Expiration (Month/Dates at					tle and bunt of urities erlying vative urity (Instr d 4)	r.	erivative ecurity nstr. 5)	deriv Secu Bene Owne Follo Repo	rities ficially ed wing rted saction(s)	re Own es Forn ally Direct or In (I) (Ir d tion(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (I			Date D) Exercisa		Expiration Date		n Title	Amoun or Numbe of Shares	er							

## **Explanation of Responses:**

- 1. Represents a pro-rata, in-kind distribution by True Venture Management, L.L.C., without additional consideration, to its members and assigns.
- 2. These securities are held of record by True Venture Management, L.L.C., which is controlled by Jon Callaghan and Philip D. Black.
- 3. These securities are held of record by a family trust controlled by Jon Callaghan.

## Remarks:

Each of the Reporting Persons disclaims existence of a "group" and disclaims beneficial ownership over such securities except to the extent of his or its pecuniary interest therein, and the inclusion of these securities in this report shall not be deemed an admission of beneficial ownership of the reported securities for purposes of Section 16 or for any other purposes. This report is one of two reports, each on a separate Form 4, but relating to the same transaction being filed by entities affiliated with True Ventures and their associated managing members.

> /s James G. Stewart, attorneyin-fact for Jon Callaghan

06/03/2020

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.